

ATTORNEY DOCKET NO. 50164/002002

Applicant or Patente S rial or Patent No.

Br nt R. Stockwell et al. Not Yet Assigned

Filed or Issued

Herewith

Title

METHODS FOR IDENTIFYING COMBINATIONS OF ENTITIES AS THERAPEUTICS

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am

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the owner of the small business concern identified below:

an official of the small business concern empowered to act on behalf of the concern identified below:

Name of Small Business Concern: CombinatoRx Incorporated

Address of Small Business Concern: 801 Albany Street, Suite G02, Boston, MA 02118

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled METHODS FOR IDENTIFYING COMBINATIONS OF ENTITIES AS THERAPEUTICS by inventors Brent R. Stockwell, Alexis Borley and Michael A. Foley] described in

[X] the specification filed herewith.

[] application serial no. ["SERIAL NUMBER"], filed ["FILING DATE"].

[] patent no. ["PATENT NUMBER"], Issued ["ISSUE DATE"].

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e). 'NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention avening to their status as small entities. (37 CFR 1.27)

Assignee Name:

Assignee Address:

[] INDIVIDUAL [] SMALL BUSINESS CONC	ERN []NONPROFIT ORGANIZATION
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I acknowledge the duty to file, in this application or parent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue factor any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and Delief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may Joopardize the validity of the application, any patent issuing thereon, or any patent on which this verified statement is directed.

Name:

Alexis Borisy

Title:

President and CEO

Address: CombinatoRx Incorporated, 801 Albany Street, Sylte G02, Boston, MA 02118

Signature:



PATENT

ATTORNEY DOCKET NO: 50164/002002

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and Joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHODS FOR IDENTIFYING COMBINATIONS OF ENTITIES AS THERAPEUTICS, the specification of which

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ID:

COMBINED DECLARATION AND POWER OF ATTORNEY

NON-PROVISIONAL PRIORITY RIGHTS: I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Serial Number	Filing Date	Status

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith; Paul T. Clark, Reg. No. 30,162, Karen L. Elbing, Ph.D. Reg. No. 35,238, Kristina Bleker-Brady, Ph.D. Reg. No. 39,109, Susan M. Michaud, Ph.D. Reg. No. 42,885, Mary Rose Scozzafava, Ph.D., Reg. No.36,268, James D. DeCamp, Ph.D., Reg. No. 43,580, Sean J. Edman, Reg. No. 42,506, Timothy Dorous, Reg. No. 41,716.

Address all telephone calls to: Paul T. Clark at 617/128-0200.

Address all correspondence to: Paul T. Clark at Clark & Elbing LLP, 176 Federal Street, Boston, MA 02110.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Brent R. Stockwell	Boston, MA-USA	59 West Cedar Street, Apt. #4 Boston, MA 02114USA	USA
Signature: BuA	R. Show		Date: 7/6/200





COMBINED DECLARATION AND POWER OF ATTORNEY

Full Name (First, Middle, Last) Alexis Borisy	Residence Address (City, State, Country) Boston, MA-USA	Post Office Address (Street, City, State, Country) 31 Revere Street, Apt. #2	Citizenship
·		Boston, MA 02114-USA	1000
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Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Michael A. Foley	Chestnut Hill, MA-USA	93 Wolcott Road Chestnut Hill, MA 02467USA	USA
Signature: Micha	l onlaw of		Date: 7-5-00